

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Lap-Sun Chan

Write the full name of each plaintiff.

Medicare
Brian Green
Melanie Mendoza
Elaine Williams

-against-

22 CV 3748

(Include case number if one has been assigned)

COMPLAINT

Do you want a jury trial?

Yes No

RECEIVED
SDNY PROSECUTOR'S OFFICE
2022 MAY - 9 AM 9:42

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

- Federal Question**
- Diversity of Citizenship**

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?
New York Penal Law § 240.21 - 240.32

§6532 Article 131-A, Medical Malpractice

B. If you checked Diversity of Citizenship

1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, _____, is a citizen of the State of
(Plaintiff's name)

(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of _____

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, _____, is a citizen of the State of
(Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of _____

If the defendant is a corporation:

The defendant, _____, is incorporated under the laws of
the State of _____

and has its principal place of business in the State of _____
or is incorporated under the laws of (foreign state) _____
and has its principal place of business in _____.

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Lap-Sun

Chan

First Name	Middle Initial	Last Name
------------	----------------	-----------

PO Box 788442

Street Address	NY	11238
----------------	----	-------

Brooklyn

NY

11238

County, City	State	Zip Code
--------------	-------	----------

Telephone Number	Email Address (if available)
------------------	------------------------------

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

Medicare		
First Name	Last Name	
Current Job Title (or other identifying information) PO Box 1270		
Current Work Address (or other address where defendant may be served) Lawrence KS 66044		
County, City	State	Zip Code

Defendant 2:

Brian	Green	
First Name	Last Name	
Manager, Customer Service		
Current Job Title (or other identifying information) PO Box 1270		
Current Work Address (or other address where defendant may be served) Lawrence KS 66044		
County, City	State	Zip Code

Defendant 3:

Melanie	Mendoza	
First Name	Last Name	
Manager, Customer Service		
Current Job Title (or other identifying information) PO Box 1270		
Current Work Address (or other address where defendant may be served) Lawrence KS 66044		
County, City	State	Zip Code

Defendant 4: Elaine Williams

First Name _____ Last Name _____

Current Job Title (or other identifying information)
PO Box 1270

Current Work Address (or other address where defendant may be served)
Lawrence, KS 66044

County, City _____ State _____ Zip Code _____

III. STATEMENT OF CLAIM

Place(s) of occurrence: New York

Date(s) of occurrence: November, December 2021

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

Over the past year, I contacting Medicare to handle a very simple issue. They have repeatedly misguided me, misinformed me and disrespected me. Their employees insulted me openly on the phone, rudely interrupted me, and hung up on me. When I demanded these employees be terminated, the managers there constantly told me they would call me back to update me. They never did.

This has caused a massive loss of money in medical bills. I am demanding \$1,000,000.

The most recent unpleasant interaction was with a man named Brian Green, who was a customer service manager. Other possible spellings of his name might be Brian Greene, Bryan Green and Bryan Greene. When I spoke to him about the behavior of his employees and asked that he take action he laughed at me. He then said, "I'm not going to listen to those calls!" When I yelled at him, "WHY NOT?! IT'S YOUR JOB!" He laughed again and said, "That's not my job!"

Other employees I spoke to are Melanie Mendoza and Elaine Williams. They too stated specifically they would call me back in regards to employee discipline. They never returned my calls.

Pardon the delay in filing this legal action. I was consulting various attorneys and decided it would be best to handle this matter pro se.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

My medical condition has worsened. I am now permanently disabled.

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

I am seeking \$1,000,000 from these incompetent fools at Medicare.

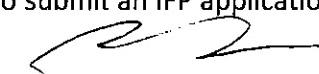
V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

5-8-2022



Dated Lap-Sun	Plaintiff's Signature Chan	
First Name PO Box 788442	Middle Initial	Last Name
Street Address Brooklyn	NY	11238
County, City	State	Zip Code
Telephone Number	Email Address (if available)	

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

Yes No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.